

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3198
Registered No. 333

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1013 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rigoberto Preciado
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth July 27-1927
Month Day Year

8. FATHER
Full name Adolpho Preciado
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Sonora
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Augustina Saens
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Chihuahua
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead -
(c) Stillborn - 21. Were precautions taken against ophthalma neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.m. on the date above stated
(Born alive or stillborn)

*When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Aug 11, 1927 C. E. Dring
Registrar Registrar

976-727-122

WRITE PLAINLY WITH UNFADING INK
In case of more than one child at a birth, a SEPARATE order of birth stated.